

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Rabin J. Pournazarian 186735 6345 Balboa Blvd. Suite 247 Encino, CA 91316 818-995-4540 Fax: 818-995-9277 186735 CA rabin@pricelawgroup.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Emily Catherine Holzer	CASE NO.: CHAPTER: 7
	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing Required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 3/06/2020

Emily Catherine Holzer
Printed name of Debtor 1

Emily Holzer
Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

Employee Pay Checks

EmCentrix, Inc.

Holzer, Emily
5658 Tampa Ave, Tarzana, CA 91356

Client ID: Check Number: 1138 Start Period: 2/16/2020
Employee ID: HOLE4043 Check Date: 3/5/2020 End Period: 2/29/2020
SSN: ***-**-4843

Earnings						Non-Taxable Earnings		
Description	Rate	Hours	Current	Total Hours	YTD	Description	Current	YTD
Hourly	\$18.00	71.68	\$1,290.24	102.55	\$1,845.90	Total:	\$0.00	\$0.00
Total:	\$0.00	71.68	\$1,290.24	102.55	\$1,845.90			

Employer Portion			Employee Portion		
Description	Amount	YTD	Description	Amount	YTD
Social Security	(\$79.99)	(\$114.44)	Total:	\$0.00	\$0.00
Medicare	(\$18.71)	(\$26.77)			
CA Edu & Training	(\$1.29)	(\$1.85)			
Federal Unemployment	(\$7.74)	(\$11.07)			
CA State Unemployment	(\$49.03)	(\$70.15)			
Total:	(\$156.76)	(\$224.28)			

Taxes			Direct Deposit		
Description	Current	YTD	Account Name	Account Number	Amount
Social Security	(\$79.99)	(\$114.44)	Direct Deposit 1	*****2744	(\$1,047.27)
Medicare	(\$18.71)	(\$26.77)			
Federal Income Tax	(\$106.10)	(\$127.92)			
CA State Income Tax	(\$25.27)	(\$25.27)			
CA State Disability Ins. EE	(\$12.90)	(\$18.46)			
Total:	(\$242.97)	(\$312.86)			

Accruals			
Description	Accrued	Used Hours	Balance
Total Wages	Total Taxes	Total Employee Deductions	Net Amount
\$1,290.24	(\$242.97)	\$0.00	\$1,047.27

Employee Pay Checks

EmCentrix, Inc.

Edgar, Emily
1858 Tampa Ave, Torrance, CA 91356

Client ID: 1110
Employee ID: HOLE4843
SSN: ***-**-4843
Check Number: 1110
Check Date: 2/20/2020
Start Period: 2/1/2020
End Period: 2/15/2020

Earnings				Non-Taxable Earnings			
Description	Rate	Hours	Current	Total	Description	Current	YTD
Hourly	\$18.00	30.87	\$555.66	30.87		\$0.00	\$0.00
Total:	\$0.00	30.87	\$555.66	30.87			

Employer Portion				Employee Portion			
Description	Amount	YTD	Description	Amount	YTD	Description	YTD
Social Security	(\$34.45)	(\$34.45)	Total:	\$0.00	\$0.00		
Medicare	(\$8.06)	(\$8.06)					
CA Edu & Training	(\$0.56)	(\$0.56)					
Federal Unemployment	(\$2.33)	(\$2.33)					
CA State Unemployment	(\$21.12)	(\$21.12)					
Total:	(\$67.52)	(\$67.52)					

Taxes				Direct Deposit			
Description	Current	YTD	Account Name	Account Number	Amount	Description	Amount
Social Security	(\$34.45)	(\$34.45)	Direct Deposit 1	*****2744	(\$485.77)		
Medicare	(\$8.06)	(\$8.06)					
Federal Income Tax	(\$21.82)	(\$21.82)					
CA State Disability Ins. EE	(\$5.56)	(\$5.56)					
Total:	(\$69.89)	(\$69.89)					

Accruals				Balance			
Description	Accrued	Used Hours	Balance	Description	Current	YTD	Balance
Total Wages	\$555.66			Total Employee Deductions	\$0.00		\$485.77